

**LOBBYIST REGISTRATION**

SECRETARY OF STATE

SFN 11106 (06-06)

FOR OFFICE USE ONLY

ID #

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Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3665
Toll Free 800-352-0867 Ext 8-3665
Fax 701-328-1690
Web Site: www.nd.gov/sos

FEE: \$25.00 registration and one entity
Additional \$5.00 for each subsequent entity

Instructions:

- For reference, see North Dakota Century Code, Chapter 54-05.1.
- Print full name, business address, telephone number, city, state, zip code.
- Print the name and address of each entity (i.e. person, business, association, group, organization, club) on whose behalf you will be attempting to influence legislation as to its passage, amendment, defeat, approval, or veto. Print any acronym, if applicable, in parenthesis after the entity's full name. For each entity listed, use the following list to code as many of the primary activities of the entity as may be appropriate.
 - 1 - Agriculture
 - 2 - Banking
 - 3 - Business
 - 4 - Education
 - 5 - Energy
 - 6 - Health
 - 7 - Human Services
 - 8 - Labor
 - 9 - Mining
 - 10 - Senior Citizens
 - 11 - Transportation
 - 12 - Utilities
 - 13 - Youth
 - 14 - Other
- If the lobbyist is paid by someone other than the listed entity, print the name in the space indicated.
- For each entity listed on the registration form, the lobbyist must provide a letter of authorization from that entity. Under state law, a lobbyist is not allowed to lobby on behalf of that entity until the letter of authorization is on file with the Secretary of State.
- The lobbyist may add additional entities to the registration form at any time during the registration period by paying \$5 for each subsequent listing and providing a letter of authorization.
- Sign, date and mail registration form to the address listed in the upper right hand corner.

FAX FILING: A document and Credit Card Payment Authorization may be faxed to 701-328-1690. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

Name of Lobbyist (Last, First)		Business Telephone #	
Business Address	City	State	Zip Code
E-Mail Address	Web Address		

1.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

2.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

3.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

As a condition to the granting of a lobbyist registration, I agree to file on or before August 1 of each year, a detailed report on forms provided by the Secretary of State, of each expenditure of sixty dollars or more expended on any single occasion.

Lobbyist Signature_____
Date**(additional entities can be listed on the reverse side)**

4.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

5.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

6.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

7.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

8.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

9.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

10.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	

11.	Name of Entity			Activity Code
	Business Address	City	State	Zip Code
	Name (if different than entity, by whom the Lobbyist will be paid)		Address	